

AN2014

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
A PUBLIC DOCUMENT

**STATEMENT OF ECONOMIC INTERESTS**  
FAIR POLITICAL PRACTICES COMMISSION  
**COVER PAGE**

Date Initial Filing  
**CITY OF DALY CITY**  
**CITY CLERK**

Please type or print in ink.

2015 MAY -6 PM 1:48

NAME OF FILER

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2015 MAY -1 P 3:14

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TORRES

GONZALO

(SAL)

**1. Office, Agency, or Court**

Agency Name (Do not use acronyms)

CITY OF DALY CITY

Division, Board, Department, District, if applicable

CITY COUNCIL

Your Position

COUNCILMEMBER

► If filing for multiple positions, list below or on an attachment. (Do not use acronyms)

Agency: \_\_\_\_\_

Position: \_\_\_\_\_

**2. Jurisdiction of Office (Check at least one box)**☐ State☐ Judge or Court Commissioner (Statewide Jurisdiction)☐ Multi-County \_\_\_\_\_☐ County of \_\_\_\_\_☒ City of

DALY CITY

☐ Other \_\_\_\_\_**3. Type of Statement (Check at least one box)**☒ **Annual:** The period covered is January 1, 2014, through December 31, 2014.☐ **Leaving Office:** Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-

The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2014.

☐ The period covered is January 1, 2014, through the date of leaving office.☐ **Assuming Office:** Date assumed \_\_\_\_/\_\_\_\_/\_\_\_\_☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.☐ **Candidate:** Election year \_\_\_\_\_ and office sought, if different than Part 1: \_\_\_\_\_**4. Schedule Summary**

Check applicable schedules or "None."

► Total number of pages including this cover page: 1☐ **Schedule A-1 - Investments** - schedule attached☐ **Schedule C - Income, Loans, & Business Positions** - schedule attached☐ **Schedule A-2 - Investments** - schedule attached☐ **Schedule D - Income - Gifts** - schedule attached☐ **Schedule B - Real Property** - schedule attached☐ **Schedule E - Income - Gifts - Travel Payments** - schedule attached

-or-

☒ **None - No reportable interests on any schedule**

herein and in any attached schedules is true and complete. I acknowledge

I certify under penalty of perjury under the laws of the State of California

Date Signed

1 MAY 2015

(month, day, year)

FPPC Advice Email: advice@fppc.ca.gov

FPPC Toll-Free Helpline: 866/275-3772 www.fppc.ca.gov